

A PUBLICATION OF THE NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

SHBP COVERAGE FOR STATE INTERMITTENT EMPLOYEES

State Health Benefits Program

INTRODUCTION

Under negotiated agreements between the State of New Jersey and the Communications Workers of America (CWA) representing State employees, certain Intermittent employees working at the Department of Labor and the Department of the Treasury are eligible for enrollment in the State Health Benefits Program (SHBP). Under the agreement, eligible Intermittent employees can only enroll for health coverage through **NJ DIRECT** and/or prescription drug coverage through the **Employee Prescription Drug Plan**. These plans are described at the end of this fact sheet.

The plan benefits, as well as the rules and procedures of the plans, are the same for Intermittent enrollees as they are for all other enrollees, **except for those areas listed below**. If a specific topic is not outlined in this publication, please refer to the information provided in the *NJ DIRECT Member Handbook* or the *Employee Prescription Drug Plan Member Handbook*.

ELIGIBILITY AND ENROLLMENT

Intermittent Employee Eligibility

Eligibility for coverage is determined by the human resources offices at the departments at which the employee works. Enrollments, terminations, changes to contracts, etc. must be processed through your employer first, then the SHBP. If you have any questions concerning eligibility provisions, you should see your employer. You may call the Division of Pensions and Benefits' Office of Client Services at (609) 292-7524 for general eligibility questions.

To be eligible for coverage an Intermittent employee **must** be:

- An employee of the State of New Jersey who is hired in an Intermittent position and has a minimum of 750 regular pay status hours within the previous fiscal year (July 1 to June 30); and

- Covered under the labor contract between the CWA and the State of New Jersey that committed the State to provide SHBP coverage to Intermittent employees.

Eligible Dependents

Your eligible dependents are:

- Your spouse, civil union partner, or eligible same-sex domestic partner*;
- Your children (including step-children, legally adopted children, foster children, legal wards) under the age of 26.

Enrollment

If you meet the eligibility requirements outlined above, your employer will provide you with the *Intermittent Employee State Health Benefits Program Application*. You must complete the application, providing all of the information requested, and submit it to your employer.

The cost of coverage for an Intermittent employee is 1.5 percent of his or her annual salary regardless of the coverage level selected.

If you do not enroll all eligible members of your family within 60 days of the time you or they first become eligible for coverage, you must wait until the next Annual Open Enrollment period to enroll them if you are still eligible for coverage (for exceptions see the "Change of Coverage" section of the *NJ DIRECT Member Handbook*). Open Enrollment periods generally occur once a year. Information concerning the duration of the Open Enrollment period and effective dates of coverage are announced by the Division of Pensions and Benefits.

**For more information about health benefits for domestic partners, including eligibility requirements, see Fact Sheet #71, Benefits Under the Domestic Partnership Act. For more information about health benefits for civil union partners see Fact Sheet #75, Civil Unions.*

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Effective Dates of Coverage

Coverage will be effective as of the first day of the first coverage period that includes January 1 of a given year, provided the Intermittent employee had a minimum of 750 regular pay status hours in the prior fiscal year.

The effective date of coverage for an eligible dependent is effective the same date as the employee's provided they are listed on the enrollment application when first submitted to the SHBP.

Coverage changes involving the addition of dependents are effective retroactive to the date of the event (marriage, civil union, birth, adoption, etc.) providing the application is filed within 60 days of the event. Deletion of dependents is effective on a timely or prospective basis, depending upon receipt of the application by the Health Benefits Bureau. Dependent children are automatically terminated as of the end of the year they attain age 26.

Annual Recertification of Eligibility

Your employer will recertify eligibility of every Intermittent employee with SHBP coverage each year. To qualify for coverage in subsequent years, your employer must certify that you have at least 750 regular pay status hours in the prior fiscal year.

Leave-of-Absence, Furlough, and Workers' Compensation

Because of the arrangement for coverage under the labor contract, absence from work without pay does not affect the continuation of your existing coverage.

It may, of course, impact coverage in the next year as such time will not count towards the 750 required regular pay status hours.

Termination of Coverage

Your coverage will end if you terminate employment with the State; i.e., resignation, layoff, or death. You should consult your payroll clerk for your exact termination date.

Your coverage will also end if you do not have the 750 regular pay status hours in a fiscal year required by the labor contract. The termination date of your coverage in this case will be at the end of that calendar year or the first payroll period after

December 31 of that calendar year. For Example: If you fail to meet the 750 hours in Fiscal Year 2010, your coverage will end the first biweekly payroll date after December 31, 2010.

Coverage after Retirement

Since Intermittent employees are not members of a public pension fund, there will not be any retirement from State employment on the basis of the Intermittent position. Therefore, there can be no provision for continuation of coverage in retirement.

COBRA COVERAGE

Upon termination of SHBP coverage, continued coverage in NJ DIRECT and the Employee Prescription Drug Plan is available under federal COBRA legislation. See the *NJ DIRECT Member Handbook* and the *Employee Prescription Drug Plan Member Handbook* for more information on COBRA coverage

PLAN DESCRIPTIONS**NJ DIRECT**

NJ DIRECT is a Preferred Provider Organization (PPO) that is a blend of a traditional indemnity plan and an HMO. It provides managed care to its members through its own network of providers. It also offers out-of-network benefits that provides reimbursement to providers and members for expenses for services rendered for the treatment of illness and injury.

NJ DIRECT is currently administered for the SHBP by Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) which means that Horizon BCB-SNJ is the claims payer for all covered members.

NJ DIRECT offers:

- A network of providers, which includes primary care physicians (PCP), internists, general practitioners, pediatricians, specialists, and hospitals.
- A full range of services when you use network providers to include well-care and preventive services such as annual physicals, well-baby/well-child care, immunizations, mammograms, annual gynecological examinations, and prostate examinations.
- In-network services, which are generally covered in full after a small copayment.

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- No filing of claim forms when you use in-network services.
- In-network hospital admissions covered in full.
- An out-of-network option whereby you may use providers who are not in the network and receive a 70 percent reimbursement of the reasonable and customary allowance for most care after a deductible is met.

For a summary of benefits provided under NJ DIRECT15, see the *Plan Comparison Summary* for State employees.

Detailed information about NJ DIRECT15 can be found in the *NJ DIRECT Member Handbook*.

Both publications are available online at:
www.state.nj.us/treasury/pensions/health-benefits.shtml

Employee Prescription Drug Plan

The Employee Prescription Drug Plan is a separate drug plan for active employees. The plan is currently administered by Medco Health Solutions, Inc.

Prescription drugs can be obtained at a retail pharmacy or by mail order. Copayment amounts for generic prescription drugs, brand name prescription drugs *without generic equivalents*, or brand name prescription drugs *where a generic equivalent is available* can be found on Division's Web site listed below and are subject to change.

For more information about the Employee Prescription Drug Plan, see the *Employee Prescription Drug Plan Member Handbook* which is available online at: www.state.nj.us/treasury/pensions.health-benefits.shtml

This fact sheet has been produced and distributed by:

**New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295
(609) 292-7524 • TDD for the hearing impaired (609) 292-7718**

URL: <http://www.state.nj.us/treasury/pensions> • E-mail: pensions.nj@treas.state.nj.us

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Although every attempt at accuracy is made, it cannot be guaranteed.
